

AGING AND LONG TERM CARE SUPPORT ADMINISTRATION
RESIDENTIAL CARE SERVICES
"Transforming Lives"

CHAPTER 5 – CONSTRUCTION REVIEW

CONSTRUCTION REVIEW – OVERVIEW

Residential Care Services (RCS) engages with several state agencies to assist with regulatory oversight of facilities in relation to the **physical plant environment**. The Department of Health-Construction Review Services (CRS) and the Washington State Patrol-State Fire Marshal (SFM) are engaged as subject matter experts for physical environment issues. This includes those specific to licensing requirements in the Washington Administration Code, State Building Code, and Conditions of Participation in certain Federal reimbursement programs. Coordination between the agencies is essential.

- Construction Review Services (CRS) is a division within the Department of Health that provides oversight for the construction of healthcare facilities to verify compliance with minimum building standards, and develop construction standards for state licensing.
- State Fire Marshall (SFM) are responsible for providing fire and life safety inspections in licensed care occupancies, including nursing homes, and boarding homes.
- State Building Code Council (SBCC) is a state agency created by the legislature to provide independent analysis and objective advice to the legislature and the Governor's Office on state building code issues. The Council establishes the minimum building, mechanical, fire, plumbing and energy code requirements necessary to promote the health, safety and welfare of the people of the state of Washington, by reviewing, developing and adopting the state building code.
- Certificate of Need (CoN) program is a division within the Department of Health that facilitates a regulatory process that requires certain healthcare providers to get state approval before building certain types of facilities or offering new or expanded services. This is required for Nursing Homes.

The following Revised Code of Washington (RCW) Chapters authorize Residential Care Services to regulate the physical plant requirements for new and licensed facilities based on the building, and require facilities to obtain CRS approval for licensure.

- [CHAPTER 18.20 RCW ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 18.51 RCW NURSING HOMES \(NH\)](#)
- [CHAPTER 70.38 RCW HEALTH PLANNING AND DEVELOPMENT](#)
- [CHAPTER 74.42 RCW NURSING HOMES-RESIDENT CARE, OPERATING STANDARDS](#)

- [CHAPTER 70.97 RCW ENHANCED SERVICES FACILITIES \(ESF\)](#)
- [CHAPTER 246-314 WAC CONSTRUCTION REVIEW SERVICES \(CRS\)](#)
- [CHAPTER 388-78A WAC ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 388-97 WAC NURSING HOMES \(NH\)](#)
- [CHAPTER 388-107 WAC ENHANCED SERVICES FACILITIES \(ESF\)](#)

SUBJECT MATTER EXPERTS

- Jeanette Childress at (360) 725-2591 or jeanette.childress@dshs.wa.gov for ALF
- Amena Jones at (360) 725-2575 or amena.jones@dshs.wa.gov for ALF/ESF Initial Licensing
- Lisa Herke at (509) 225-2819 or lisa.herke@dshs.wa.gov for NH
- Allen Spaulding at (360) 236-2952 or AlSpaulding@doh.wa.gov for CRS

CHAPTER 5 – CONSTRUCTION REVIEW INDEX

This section contains the Standard Operating Procedures (SOPs) that RCS staff are required to follow when regulating to the **physical plant requirements** in programs that require inspections by Construction Review Services (CRS) and the State Fire Marshal (SFM). In addition, there are resources and links listed.

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4. [CRS Project Status Lookup](#)
5. [CRS Contact Information](#)
6. [Certificate of Need](#)
7. Exemption Analysis Memo Form: (Under development)
8. [Approved Sleeping Room List and Instructions](#) (DSHS Form 10-389) 2
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5A – CONSTRUCTION REVIEW: STANDARD OPERATING PROCEDURES

A. CR STANDARD OPERATING PROCEDURES

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5A1 – COMMUNICATION OF NOTIFICATIONS

BACKGROUND

- Residential Care Services (RCS) established CRS Project Outlook mailboxes as part of a collaborative agreement with the Department of Health-Construction Review Services, and the Washington State Patrol-State Fire Marshal (SFM) to manage the receipt of notifications from CRS for approved projects to RCS and the SFM for completed construction projects that require an inspection by Residential Care Services (RCS).
- The purposes of these boxes is to:
 - Improve accountability of the documents received from CRS and provide simultaneous notification to the SFM.
 - Eliminate the transfer, inaccessibility, and loss of these documents through individual email boxes.
 - Centralize access to this data so Regional Administrators have one location to receive CRS Approval Packets and associated correspondence.
 - Eliminate hand-offs from the BAAU (with exception to initial licensing of new construction) to the field which increases timelines for completing inspections.
 - Reduce workload for CRS and BAAU due to repeated requests for duplicative information via email and phone calls.
 - Establish limited repositories for notifications to minimize complicated workload for CRS.
- This measures have met audit concerns that were identified by the State Auditors Office for improved collaboration, communication, and streamlined timelines relating to licensing a facility in concert with CRS and SFM.

PROCEDURE

- A. The security of the *CRS Projects* Outlook mailboxes is managed by the ALF Policy Program Manager for data management and accountability.
- B. CRS Final Approvals are sent via email to one of the following outlook mailboxes:
 1. DSHS AL TSA RCS HQ BAAU CRS Projects baaucrs@dshs.wa.gov
 - a. For **unlicensed** facilities making application for licensure of an ALF, NH, or ESF, which will be forwarded to the initial licensing inspection staff once the license application is approved.
 2. DSHS AL TSA RCS R1 CRS Projects r1crs@dshs.wa.gov
 - a. For a **licensed** facility with completed construction or remodels in the following counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend, Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima.

3. DSHS ALTSA RCS R2 CRS Projects r2crs@dshs.wa.gov
 - a. For a **licensed** facility with completed construction or remodels in the following counties: Island, King, San Juan, Skagit, Snohomish, Whatcom.
4. DSHS ALTSA RCS R3 CRS Projects r3crs@dshs.wa.gov
 - a. For a **licensed** facility with completed construction or remodels in the following counties: Clallam, Clark, Cowlitz, Grays, harbor, Jefferson, Kitsap, Lewis, Mason, pacific, Pierce, Skamania, Thurston, and Wahkiakum.
- C. The Regional Administrator (RA) and/or the Administrative Assistants 4-Confidential Secretary (AA4) manages the documents in the inbox, and reviews the inbox weekly for new inspection assignments.
- D. In an effort to reduce duplicative and delayed contacts, the notification to the SFM occurs simultaneously when CRS sends the approval notification to RCS. (Please do not contact the fire marshal with additional notification.) The SFM will notify RCS when the inspection is completed. They generally complete the inspection within 10 business days of receipt of notification from CRS.
- E. The emails sent from CRS to these boxes contain the following information in the subject line:
 1. 'CRS Approved' and the project number;
 2. The name of the facility; and
 3. The primary construction type.
- F. The Regional Administrator (RA) and/or the Administrative Assistants 4-Confidential Secretary (AA4) is responsible for assigning the RCS inspection. {Note: To determine if an inspection has to occur immediately or at the next annual inspection see the "When to Inspect" section.}

FIELD MANAGER RESPONSIBILITY

- A. Field Managers are to conduct the following activities in relation to this procedure:
 1. Train new staff and ensure they are able to demonstrate they understand this procedure.
 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

- A. This procedure will be reviewed for accuracy and compliance at least every two years.

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5A2 – APPROVAL PACKETS & PHASED PROJECTS

Background

- Construction Review Services will submit approval packets to RCS with a cc to the SFM for projects that require a licensing or life safety code inspection to the designated *CRS Project Outlook* mailboxes.
- Another type of approval packet is for phased construction projects in which the facility may complete construction in incremental phases.

Procedure

- A. An **Approval Packet** is attached to the emails in the *CRS Project Outlook* mailboxes which contains the following:
 1. Notification of Completion
 2. CRS Reviewer Notes
 3. Functional Program
 4. CRS recommendations for inspections:
 - a. RCS Field Office Survey
 - b. RCS Initial Licensing Unit
 - c. Office of the State Fire Marshal
 5. Phased Project Plan (when applicable)
 6. An Approved Sleeping Room List
 7. Notes (when applicable)
- B. The CRS Reviewer Notes provide ongoing communication between CRS and the facility through the planning process to address approved or not approved plant requirements prior to the final approval.
- C. The Functional Program defines the level, type, and scope of care provided in the facility to include the following:
 1. Scope of the Project
 2. Types of Residents Admitted to the Facility
 3. Services offered
 4. Activities provided
 5. Transportation
 6. Staffing
 7. Emergency and Disaster Planning
 8. Types of Rooms
 9. Resident Rooms

- 10. Outdoor Spaces
- 11. Laundry Services
- 12. Food Service
- 13. Medication Storage and use
- 14. Communication Systems

D. The **letter of transmittal** contains the following information needed to complete an inspection:

- 1. Project Information (facility name and location, WAC chapter, and project number)
- 2. Key People (architects, facility administrator, consultant, local health jurisdiction)
- 3. Facility Data Certificate
- 4. Project Status
- 5. Preliminary Comments
- 6. Plan Review Comments
- 7. Responses from the facility administrator (if applicable)
- 8. Sleeping Room List (DSHS 10-389)
- 9. Floor Plan(s), including the various room configurations

E. An additional type of construction referenced in an approval packet is referred to as a **Phased Project** in which construction will be completed in prescribed increments.

HERE ARE A FEW EXAMPLES:

- 1. An existing licensed facility is proposing an extensive remodel of their five occupied wings. The facility proposes to renovate the building one wing at a time to lessen the impact that construction will have on residents. Residents in the first wing are relocated to other approved areas within the facility. After renovation of the first wing is completed, residents are moved back into that wing. Then the residents for the second wing are relocated, and so on until renovations in all five wings has been completed. Final completion does not occur until the last wing is finished.
 - 2. A new facility develops a campus of small licensed buildings. They request a phased approach so that as soon as buildings are completed they can begin providing services. Construction of the remaining buildings remains ongoing until final completion of all proposed structures.
 - 3. An existing facility is renovating a portion of the facility including a nurse call system. The nurse call must be inactive for a brief period of time and the facility provides an approved alternative method. After the call system is installed and operational, the system needs to back in service as soon as possible - prior to final completion.
- F. The RA/RQIC may authorize/approve use of phased construction projects for an Assisted Living Facility (ALF), Nursing Home (NH) or Enhanced Services Facility when:
- 1. CRS has completed the project review and sent the RA/RQIC and the SFM a phased construction approval packet;

2. When the number of phases and duration of the project has been approved by the RCS/RQIC, CRS, and the SFM; and
 3. Approval for use is contingent upon a successful inspection by RCS, CRS, and the SFM as required.
- G. CRS will contact the RA/RQIC to coordinate all requests for phased projects upon initial application to CRS.
- H. CRS and RCS will identify in writing for the applicant the coordinated terms and conditions for phased projects, inspections, and approval for use as applicable.
- I. CRS will provide RCS all approval packets via the CRS Outlook Boxes, with a cc on the email to the State Fire Marshal.

FIELD MANAGER RESPONSIBILITY

- A. Field Managers are to conduct the following activities in relation to this procedure:
1. Train new staff and ensure they are able to demonstrate they understand this procedure.
 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

- A. This procedure will be reviewed for accuracy and compliance at least every two years.

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5A3 – WHAT & WHEN TO INSPECT

BACKGROUND

- A collaborative agreement between the Department of Health-Construction Review Services (CRS), Washington State Patrol-State Fire Marshal (SFM), and Residential Care Services (RCS) was established to determine who will be responsible for the inspection of a facility based on authority, expertise, and resources.
- When an approval packet is received from CRS it will contain a coversheet that identifies which agency will complete the inspection. The notifications from CRS will be sent to RCS, and to the SFM simultaneously, as applicable.
- RCS could be required to inspect a facility upon initial licensing, prior to an annual inspection, or at the next annual inspection.

PROCEDURE

- A. The only projects that will be reviewed before the next annual inspection are:
 1. **New licenses** which includes first-time licensure, re-licensure of expired licenses, or conversions from one license type to another. (The RCS initial licensing unit will inspect.)
 2. **New buildings** which includes add ons to an existing license. (The RCS initial licensing unit will inspect.)
 3. **Additions** which enclose a building area that is added to existing licensing space. These are additions that increase bed count or create an operation such as a new kitchen or secured outdoor area.
 4. **Alterations** which is any physical construction, renovation or modeling that triggers licensing review.
- B. All other physical plant construction does not require an RCS inspection prior to the next annual inspection, refer to appendices:
 1. [Appendix 5B1 What & When to Inspect Assisted Living Facilities and Enhanced Services Facilities](#)
 2. [Appendix 5B2 What & When to Inspect -Nursing Homes](#)
- C. For new buildings, RCS will **not** inspect if the constructions does not include resident care spaces (ie. gazeboes, storage, sheds, or other unoccupied structures) and does not house piped medical gas, emergency electrical generator, or other primary critical system that feeds resident care areas, no inspection required by RCS.
- D. For additions, RCS will **not** inspect additions that do not significantly increase the capacity of resident care or do not create a new service. For example: a sunroom, an addition, an extra dining room space, a laundry addition, or a staff office addition.

- E. For alterations, RCS will **not** inspect most alterations, including: modifications to dining areas, reconfiguration of casework, minor moving walls in resident care spaces, major renovations in non-resident care spaces.
- F. Field offices do not need to notify the SFM of an RCS inspection since notification to SFM occurred when CRS sent out the approval packet for construction. If the SFM requires the facility to make corrections, this information will be communicated directly to the field office by the SFM.
- G. Do not measure existing licensing space during annual inspections. CRS and/or the RCS initial licensing unit has already approved the spaces to meet minimum program licensing requirements.
- H. If during an annual inspection the facility reports licensing changes to a room not previously **licensed** or that room alterations have occurred to the physical layout of a **licensed** room, CRS must be notified by the field upon completion of the inspection if the facility is unable to provide proof of CRS project review. The facility must contact CRS and BAAU to make application for the change.
- I. Licensuror inspections should focus on how the provider implements policies to maintain the physical environment, as required to safely operate the facility, and impact on the residents.

FIELD MANAGER RESPONSIBILITY

- A. Field Managers are to conduct the following activities in relation to this procedure:
 - 1. Train new staff and ensure they are able to demonstrate they understand this procedure.
 - 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 - 3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

- A. This procedure will be reviewed for accuracy and compliance at least every two years.

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5A4 – EXEMPTION REQUESTS

BACKGROUND

The department may exempt the licensed facility from meeting a specific requirement related to the physical environment if the department determines the exemption will not:

- Jeopardize the health or safety of residents;
- Adversely affect the residents' quality of life; or
- Change the fundamental nature of the assisted living facility operation into something other than an assisted living facility.
- An exemption request timeline will begin when the facility has submitted the written request to the Director's office that includes:
 - A description of the requested exemption and reason for the exemption, and
 - The specific rule requirement for which the exemption(s) is requested.
- Exemptions to local building code, zoning code, and/or Office of the State Fire Marshall regulations are not within Residential Care Services (RCS) authority or influence to review.
- Exemption requests for physical plant requirements related to contracted services must be coordinated with Home and Community Services (HCS) when the request includes contracts. The request for exemption cannot be for the contract 'WAC 388-110' alone. The provider's written request **must** include the specific subsection in which the exemption is being sought.
- On-site inspections of the facility will not be completed by RCS for exemption requests.
- Exemption requests are to be completed within 30 days of receipt, unless extenuating circumstances require additional review considerations. Notification must be sent to the Director's office if an extension is required prior to the assigned due date of the response.
- All exemptions must be documented in the Facilities Management System (FMS).
- This exemption process is not applicable for Nursing Homes 'waiver' process in the Standard Operating Manual (SOM).
- All exemption requests for physical plant requirements must be forwarded to the Director.

PROCEDURE

A. The Director's Administrative Assistant (AA) will:

1. Assign exemption requests as follows:
 - a. New facilities not yet licensed requesting exemption will be assigned to the designated Policy Program Manager (PPM).

- b. Currently licensed facilities requesting exemption will be assigned to the designated Regional Administrator (RA) in which the facility resides, who will forward it on to the Field Manager (FM) as needed.
 2. Forward a copy of the exemption request to Construction Review Services (CRS).
 3. Forward a copy of the exemption request to the designated Policy Program Manager.
 4. Forward a copy of the request to HCS, if it includes a reference to the contract [WAC 388-110-140](#) for Assisted Living Facilities. The request must identify which plant requirement subsection is specifically be requested for exemption. The whole section cannot be exempted.
- B. CRS will provide an alternative method analysis specific to the request which takes into consideration past interpretations and previously approved requests, current building code requirements if applicable, the intent of the rule from a CRS perspective and other relevant mitigating circumstances.
- C. HCS will facilitate the resident interview if the exemption includes sections [388-110-140\(3\) \(a\) or \(b\)](#). The social worker/case manager will place the assessment in the residents file.
- D. **The Regional Administrator/Designee (RA/Designee) will:**
1. Review the affected program regulations specific to physical plant requirements, resident rights, and contracts.
 2. Obtain input from HCS, in the event the exemption relates to regulations associated with those programs.
 3. Collaborate with the PPM as needed on the collated considerations to review applicable regulations and other considerations that may be needed to make the final determination.
 4. Complete the [RCS Analysis Memo](#) form describing the considerations made for making the determination based on RCS regulations, include HCS input.
 5. Draft the response letter, under the signature of the Director, providing justification in writing for either approval or denial of the exemption that includes the associated WAC chapter that supports the decision with a cc to the RA/FM, CRS, PPM, and other involved parties such as HCS.
 6. Forward the draft response letter to the Director's office for final review, approval or denial, and signature.
 7. Once the letter is approved by the Director, the Director's AA will document the exemption in the FMS in the designated 'Exemptions' tab within the 'License' folder with each of the data fields completed, including exemptions 'details' that identify the basis for an approved or denied request.

FIELD MANAGER RESPONSIBILITY

- A. Field Managers are to conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

- A. This procedure will be reviewed for accuracy and compliance at least every two years.

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5A5 – APPROVED SLEEPING ROOM LISTS

BACKGROUND

- Assisted Living Facilities inspections require the completion of a room list to identify a licensed facilities specific physical plant information related to beds, rooms, and capacity in a facility.
- On September 27, 2006, MB #06-055A was issued prescribing procedures and instructions for the completion of the room lists for Assisted Living Facilities. Attached to the MB was the Boarding Home Building Characteristics OPP which was rescinded in 2014. That MB was superseded by R16-064.
- The Department of Health-Construction Review Services (CRS) completed the initial room list within the construction application phase early on in the construction process.
- Review of business practices has revealed a lack of updated room list information, a reliance on room list information that was provided when the facility was constructed, and was seldomly updated or verified for current licensed room information.
- This has impacted the collection of revenue related to room fees, higher Medicaid reimbursements for rooms that do not meet minimum licensing standards, and unmet licensing requirements for CRS review requirements for room increases.
- Effective November 1st, 2016, the FMS system will have screens available for the updated Room Lists. These are only to be utilized by designated field staff assigned test the FMS system as the information varies from the current room list forms.
- In October 2016, the field office leadership and the designated field trainers will receive training for the use of the 2016 revised room list. Effective November 1st, 2016 all room list data will be updated in FMS in order to complete a field survey.

PROCEDURE

A. FMS reflects the Facility Features for the following:

1. In FMS, 'Licensed Beds' is reflected on the Facility Features page.
 - a. Defined in [Chapter 388-78A-2020 WAC, Licensed Resident Bed Capacity](#) means the resident occupancy level requested by the licensee and approved by the department. All residents receiving domiciliary care or the items or services listed under general responsibility for the safety and well-being of the resident as defined in this section count towards the licensed resident bed capacity. Adult day service clients do not count towards the licensed resident bed capacity.

2. In FMS, 'Approved Beds' is reflected on the Facility Features page. These beds were approved to have met the licensing requirements under Chapter 388-78A, but were not licensed at the time of construction.
 - a. Defined under [Chapter 388-78A-2810](#), before the licensed bed capacity may be increased the facility must obtain construction review services review and approval of the additional rooms or beds; and meet contract requirements.
 - b. Defined under [Chapter 388-110-140](#), the room must also meet the physical requirements at the time of initial contracting; or if there is a break in contract (ie. CHOW) meet the requirements in effect at the time of the new contract.
- A. The approved room list will be initiated by CRS when the facility has made application to DOH for a CRS Project to be licensed by RCS.
- B. The approved room list will be verified, updated, and entered into the FMS system with the facility administrator or designee by:
 1. The initial licensing staff for unlicensed facilities in the licensing application process.
 2. By the field staff for each annual inspection.
 3. By the field staff for each bed increase requested that is above the licensed or approved bed capacity, in the FMS Facility Features.
- C. There will be no additional measuring of the rooms by field staff during the annual inspection unless the facility reported construction has occurred since the last annual inspection in which the facility should provide the CRS approval documents per regulations, include with [Request for Information Attachment B](#).
- D. If the facility reports not notifying CRS of the construction, field staff will notify CRS and instruct the facility to follow up with CRS on the unmet requirement.
- E. The FMS system room list will be populated by the field at the facilities next scheduled annual inspection dated September 1, 2016 or later.
- F. For annual inspections, once the initial room list information has been entered into FMS, the field will print the most current room list for future annual inspections to provide to the administrator or designee for verification of the information at the time of Entrance to the facility when providing the the [Request for Information Attachment B](#).
- G. For bed increases or room changes, once the initial room list information has been entered, the field will print the most current room list for future bed increases and changes to provide to the administrator or designee to verify and enter the information for updates to FMS with any changes.
- H. The field will update the FMS room list, and obtain the required review and approval by CRS.
- I. The HQ business office will verify in FMS that the room list has been updated, CRS review and approval has been received, and receipt of the licensing fees by the

budget office has been completed before approval for the increased beds can be changed in FMS and on the license.

- J. The field cannot give the final approval for a bed increase above the licensed or approved beds to the facility. This can only be given by the HQ business office.

FIELD MANAGER RESPONSIBILITY

- A. Field Managers are to conduct the following activities in relation to this procedure:
1. Train new staff and ensure they are able to demonstrate they understand this procedure.
 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

- A. This procedure will be reviewed for accuracy and compliance at least every two years.

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5A6 – INTERAGENCY COLLABORATION

BACKGROUND

The Quarterly Cross Agency Coordination (QCAC) meeting convenes with the Department of Health-Construction Review Services (CRS) and the Washington State Patrol-State Fire Marshal (SFM) to discuss issues regarding the physical environment. It serves as a central forum for three main topic areas to address systemic issues:

- **Workload updates** The workload portion of the work is intended to update all agencies on the volume and scope of work being processed. This will make other agencies aware of the amount of work that is moving through the system and allow affected units to plan accordingly. This also serves as an accountability check-in for the overall licensure process.
- **Process and coordination** As process and coordination issues are discovered, this group has the responsibility to investigate the root cause, then prepare options of process changes. This includes a rigorous and regular review of information sharing. This group has the depth and authority to select and enact process changes.
- **Rule Interpretation/Development** With three different agencies interacting with regulated facilities at different points in time, there is significant risk of real or perceived inconsistency. When issues are discovered that require rule interpretation or rule change, this group may prepare a rule interpretation for executive review. Rule changes may also be recommended to the Policy Unit.

This workgroup is comprised of designated decision makers representing each of the agencies, each branch of RCS, and the east/west regions of the state for major cities.

The members of this group are in the position to recommend and enact process changes in each of their respective divisions/units/agencies. Additionally, this workgroup may assign tasks to individual members or sub groups for report back.

The Residential Care Service (RCS) Director provides oversight of the meeting as the sponsor.

PROCEDURE

- A. When a systemic issue related to physical plant requirements is identified, notify the QCAC chair person, the Assisted Living Facility (ALF) Policy Program Manager (PPM).
- B. The chair person will contact the representative agencies, and effected divisions to begin further investigation into the matter. Once confirmed to be a systemic issue,

the topic will be added to the next quarterly meeting agenda for full review. This could include ATG advise/opinion and consult with other program managers.

- C. The QCAC members will review the agenda items and supporting information which could lead to assigned deliverables to the members. Those deliverables could include business process mapping, coordinating additional workgroups, data gathering, resource allocation, audits, draft standard operating procedures, training implementation planning, contract review, IT system changes, rule interpretation, record reviews, consultation with other RCS divisions, and others as deemed necessary.
- D. Each representative is responsible for meeting the deliverables and bringing forward issues from their particular agency/branch/region, as well as reporting back to their agency/branch/region for collaborative information gathering.
- E. Decisions by the group will be memorialized in rule, standard operating procedures, management bulletins, training plans, and/or (when applicable) provider letters by the ALF PPM.

FIELD MANAGER RESPONSIBILITY

- A. Field Managers are to conduct the following activities in relation to this procedure:
 - 1. Train new staff and ensure they are able to demonstrate they understand this procedure.
 - 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 - 3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

- A. This procedure will be reviewed for accuracy and compliance at least every two years.

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5A7 – RULE INTERPRETATION

BACKGROUND

When rule is identified to be unclear, a pattern of facility concern or deficiency, a rule interpretation is requested by CRS, SFM, or RCS. The Policy Program Manager (PPM) will collaborate with CRS, SFM, and the Regional Administrators to review the regulation.

- Decisions are based on a prevalence of concerns, not on individual facilities.
- Decisions will be memorialized in this SOP for state-wide reference; and a Dear Provider letter sent, when applicable.
- Future rule development will incorporate any necessary changes to the regulations.

PROCEDURE

- A. The PPM will determine if the rule is outdated, unclear, does not address specific concerns, or does not meet program dynamics.
- B. Review considerations will include: authority, intent of the rule, policy, facility type, public safety, prevalence of the issue, and impacts to residents.
- C. The PPM will prepare a draft decision after the collaboration between the agencies occurs, then submit the draft to the ATG for additional input before going to the RCS director for approval.

RULE INTERPRETATIONS:

- A. [WAC 388-78A-2380\(9\)\(a\) ALF](#): Limiting Access to **Secured Outdoor Spaces**
 1. RCS recognizes that there are occasions when access to outdoor spaces should be limited. This limited allowance applies to facilities that operate areas of restricted egress per regulation [WAC 388-78A-2380](#): Restricted egress.
 2. Access to secured outdoor spaces may be temporarily restricted when there is evident risk to resident health and safety. Examples may include inclement weather, dangerous construction and/or maintenance activities, etc.
 3. The facility must develop policies and procedures for these situations in accordance with [WAC 388-78A-2600\(2\)\(i\)](#): Policies and procedures.
 4. The facility may not use this limited allowance as a means for meeting low or inadequate staffing levels.
 5. The facility must balance temporary access restrictions with requirements for supervision, monitoring, and accounting for residents; resident rights; resident service agreements; and, maintaining the facility free of hazards per [WAC 388-78A-2660: Resident rights](#). , and [WAC 388-78A-2140: Negotiated service agreement contents](#).

6. Temporary restriction may mean mechanical locks, electronic locks or access control systems, or other operational methods of restricting access.

FIELD MANAGER RESPONSIBILITY

- A. Field Managers are to conduct the following activities in relation to this procedure:
 1. Train new staff and ensure they are able to demonstrate they understand this procedure.
 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

- A. This procedure will be reviewed for accuracy and compliance at least every two years.

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5B – CONSTRUCTION REVIEW APPENDICES

B. APPENDICES

1. [What & When to Inspect-Assisted Living Facilities and Enhanced Services Facilities](#)
2. [What & When to Inspect-Nursing Homes](#)

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APPENDIX A1 – APPENDIX: WHAT & WHEN TO INSPECT ASSISTED LIVING FACILITIES AND ENHANCED SERVICES FACILITIES

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
General			
New structure	Yes	Yes	Yes
Additions	Yes	Yes	Yes-only if it affects the original license
Conversions of existing facilities	Yes	Yes	Yes-only if it affects the original license areas
Change of use in spaces accessed by residents	Yes	Yes-only if may adversely affect resident	No
Change of use in spaces not accessed by residents	* See Chapter	No	Yes-depends on space type (ie. storage-sprinklers required)
Alterations	* See Chapter	Yes-only if significant	Yes-only if significant
Physical			
Changes in rated construction	Yes	No	Yes
Modification of smoke compartment layout	Yes	No	Yes
Modification of rated walls	Yes	No	Yes
Replacement of floor finish	Yes	No	No
Wallcoverings	Yes	No	No
Kitchen equipment (hoods)	Yes	No	Yes-only if there is an ansul system installed
Kitchen equipment (appliances)	Yes	No	No
Laundry Equipment	Yes	No	Yes-only for changes to ducting / manifold etc, redesign
Electrical			
Generator replacement/addition	Yes	No	Yes
Fire Alarm/Fire Sprinkler			
Fire Sprinkler Head replacement	Yes	No	Yes-only if it affects the original license
Fire Sprinkler modifications	Yes	No	Yes-only if it affects the original license
FA/FS change in system capacity	Yes	No	Yes

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
Fire Alarm modifications	Yes	No	Yes-only if it affects the original license
Landscaping	Yes	No	No
Plumbing			
	Yes	No	No
Repair/Maint. Of furn, fixt, or equip.			
Hot water heater repair	No	No	No
Hot water heater replacement	Yes	No	No
Toilet repair	No	No	No
Toilet replacement	Yes	No	No
Lighting fixture replacement	No	No	No
Repair of floor finish	No	No	No
Repair of casework	No	No	No
Painting	No	No	No
Replacement w/ equivalent furn, fixt, or equip	No	No	No
Repair/replace damaged const. to previous appv'd condition	No	No	No
Painting	No	No	No
Cosmectic Changes	No	No	No

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APPENDIX A2 – APPENDIX: WHAT AND WHEN TO INSPECT-NURSING HOMES


Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
General			
New structure	Yes	Yes	Yes
Additions	Yes	Yes	Yes
Conversions of existing facilities	Yes	Yes	Yes-only if it affects the original license areas
Change of use in spaces accessed by residents	Yes	Yes-only if may adversely affect resident	No
Change of use in spaces w/no access by residents	*See Chapter	*	Yes-depends on space type (ie. storage-sprinklers required)
Alterations	*See Chapter	Yes-only if it is significant	Yes-only if it is significant
Physical			
Changes in rated construction	Yes	No	Yes
Modification of smoke compartment layout	Yes	No	Yes
Modification of rated walls	Yes	No	Yes
Replacement of floor finish	Yes	No	No
Wallcoverings	Yes	No	No
Kitchen equipment (hoods)	Yes	No	Yes-only if there is an ansul system installed
Kitchen equipment (appliances)	Yes	No	No
Laundry Equipment	Yes	No	Yes-only for changes to ducting / manifold etc, redesign
Carpets	Yes	No	No
Electrical			
Generator replacement/addition	Yes	No	Yes
Fire Alarm/Fire Sprinkler			
Fire Sprinkler Head replacement	Yes	No	Yes
Fire Sprinkler modifications	Yes	No	Yes
FA/FS change in system capacity	Yes	No	Yes

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
Fire Alarm modifications	Yes	No	YES-if does not impact license areas; upgrades to different system
Smoke Detectors	No	No	Yes-only if change is significant
Plumbing			
	Yes	No	No
Routine Maintenance and Repair			
Hot water heater repair	No	No	No
Hot water heater replacement	No	No	No
Toilet repair	No	No	No
Toilet replacement	No	No	No
Lighting fixture replacement	No	No	No
Repair of floor finish	No	No	No
Repair of casework	No	No	No

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APPENDIX B – CONSTRUCTION REVIEW CHANGE LOG

EFFECTIVE DATE	CHPT SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION & TRAINING PLAN
5/2019	5A1 Communication of Notifications	Responsibility change from RQIC to AAs	Change of Assigned Staff	SOP Only
8/2016	Full Chapter	Final Review and edits		Issued: MB R16-064  R16-064 - Construction Review
6/2016	Full Chapter	Chapter number issued (5) Misc SOPs reformatted & organized.	Created New Chapter	Posted for on-line review
5/2016	5A5 Room Lists	Rescind MB: #R06-055 and OPP for Determining and Documenting BH Building Characteristics	Created New Chapter SOP	SOP/MB
5/2016	5A7 Rule Interpretation	Rescind MB: #R15-029 Limiting Access to Secure Outdoor Spaces	Created New Chapter SOP	SOP/MB
5/2016	5A4 Exemptions	Rescind MB: #R10-004 OPP on Exemptions	Created New Chapter SOP	SOP/MB
5/2016	5A4 Exemptions	Rescind MB: #R15-059 - ALF Building Requirement Exemptions SOP, and #R16-034 Physical Plant Exemptions	Created New Chapter SOP	SOP/MB
5/2016	5A3 When & What to Inspect	Rescind MB: #R015-042 Inspection of Construction Review Projects for ALF's	Created New Chapter SOP	SOP/MB

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